

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 267-1813

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@drl.state.wi.us
Website: <http://drl.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR APPROVAL OF AUCTIONEER INSTRUCTOR

**Submit one form for each instructor requesting approval.
Please reproduce a supply for use with initial application and for future use.**

1. NAME OF COURSE

PROVIDER OR SCHOOL: _____

a. Address:

Street City State Zip Code

b. Name of Educational Administrator or Educational Program Director:

2. NAME OF INSTRUCTOR:

a. Address:

Street City State Zip Code

b. **Daytime Telephone Number: (during work hours):** (_____) _____

c. **Current Wisconsin Auctioneer Registration Number:** _____

d. **Auctioneer Occupational Experience** (list no more than 3 employers):

EMPLOYING AUCTIONEER OR COMPANY	JOB DESCRIPTION	SUPERVISOR/ MANAGER	FROM		TO	
			mo	yr	mo	yr

1. For how many years has instructor-candidate practiced as a full-time auctioneer? _____

2. For how many years has instructor-candidate practiced as a part-time auctioneer? _____

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- e. YES NO Is the instructor-candidate an attorney who is engaged in the field of auctioneering-related law?
- f. YES NO Is the instructor-candidate currently under a disciplinary order which has limited, suspended or revoked his or her registration certificate?

SIGNATURE OF EDUCATIONAL ADMINISTRATOR OR
EDUCATIONAL PROGRAM DIRECTOR

DATE